

RECEIVED
CENTRAL FAX CENTER
APR 27 2005

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Hendrik Willem MEUER, et al.

Serial No.: 10/712,778 Group No.: 3637

Filed: November 13, 2003 Examiner: Phi Dieu Tran A

For: CONNECTION FOR WALL ELEMENTS

Attorney Docket No.: U014884-0

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

sm
1425-#2510

AMENDMENT

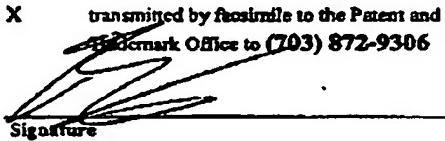
Please amend the above application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

05/06/2005 SMORELAN 00000007 120425 10712778
MAILING01 FC:2202 25 deposited with the United States Postal Service
with sufficient postage as first class mail in an
envelope addressed to the Commissioner for
Patents, P. O. Box 1450, Alexandria, VA 22313-
1450Date: April 27, 2005**FACSIMILE**

transmitted by facsimile to the Patent and
Trademark Office to (703) 872-9306



Signature

William R. Evans
(Type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee OR	Rate	Addit. Fee
Total *23	Minus **22	=	x \$ 25	1/1/00	x \$ 50=	\$50
Indep.	Minus ***	=	x \$ 100	\$	x \$ 200	\$
□ First Presentation of Multiple Dependent Claims			+ \$180=	\$	+ \$360=	\$
			Total Addit. Fee	\$ ____	OR Total Addit. Fee	\$ ____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirements of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) No additional fee for claims is required.

OR

(d) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____
- Charge Account No. 12-0425 the sum of \$ 50.00
A duplicate of this transmittal is attached.

FEE DEFICIENCY OR OVERPAYMENT

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- If any additional fee for claims is required, charge Account No. 12-0425.

AND/OR

- Refund any overpayment to Account No. 12-0425.



SIGNATURE OF PRACTITIONER

Reg. No. 25,858

William R. Evans
(type or print name of practitioner)

Tel. No.

P.O. Address

c/o Ladas & Parry LLP
26 West 61 Street
New York, N.Y. 10023

Customer No.:



00140

PATENT TRADEMARK OFFICE